

AURICLE

Thursday, October 13, 1977. A Medical Society Publication No. 4

NEW GRADING POLICY PROPOSAL

The standards of medical education are to be tightened.

What are the standards of education that are to be tightened? Are exams to be made more difficult in order to make students work harder? Working harder to learn more trivia will not make better doctors of medical students. If, on the other hand, all that is desired is to give students a better grasp of the fundamentals of medicine, there is no need for a policy change to tighten the standards.

If professors did not cover the same excruciatingly simple material that others covered previously; if professors did not give us the intimate details of their private research; if students could indicate where more or less detail was needed and expect results and changes--in other words, if enough organization and flexibility were put into each course, there would be sufficient time for fundamentals to be taught.

The screening out of poor students earlier is a fine ambition, but the sooner that students are removed, the greater is the chance of accidentally removing someone who is not a poor student. The person removed may not function well in the excessively stressful environment of the medical student's milieu.

The new marking scheme is calculated to increase stress.

PROPOSAL ATTACK CONT.

Many students will, even while passing, struggle for just one letter better. Those students who maintain a slight interest in any activity other than medicine will slide towards the bottom of the ubiquitous bell curve because the others are struggling harder. Low marks could be considered a character flaw indicating incomplete fulfillment and satisfaction by medicine alone. And at the same time, it will become more difficult to pass.

Effectively, the pass will be 65, not 60. Who will dare to pass individual courses with only 60 if the cumulative effect is to fail the year? The situation is exacerbated by the removal of the 'easy way through' via reassessment?

Overall, it seems as if these new policy changes are aimed directly at making medical students work harder.

It is my contention that medical students under the present system are doing enough work now, and that many students have already given up more than enough for the privilege of becoming a doctor. Medical education cannot be improved by increasing the psychological pressures. God knows, there are already too many of these.

John Patcai 8T0

Flash! You will be receiving a summary of proposed changes in Faculty of Medicine policies and a questionnaire about these proposals a few days later. The Academic Affairs Task Force needs your feedback on these proposals in order to outline their stand to Faculty Council.

STUDENT FEEDBACK # 2

As everyone in this faculty has recently learned, new policies are being introduced which will, to put it in simple terms, make succeeding in Medicine more difficult.

Do we not have enough pressures and worries as it is, especially with the new curriculum changes introduced last year?

Possibly tightening the standards of education and improved assessment would be worthwhile, but what about these standards of education? Attending classes in the past few weeks has reminded me of our first medical year when one's time was better spent learning at home, rather than in the lecture hall. We need not be reminded that the majority of our lecturers are scientists, not teachers.

Many members of the faculty may wonder why the class is progressively decreasing in size and may notice the trickle of students moving towards the exits as they speak. Our apathy is not the cause, but rather, the effect.

If the faculty intends to improve the standards of medical education, why not begin with the lecture theater, rather than with our assessment?

Rob Horvath 8T0



GAIRDNER FOUNDATION LECTURES

Winners of the 20th series of Gairdner Foundation International Awards will present brief papers on their work at a lecture session open to the profession:

AUDITORIUM — MEDICAL SCIENCES BUILDING
UNIVERSITY OF TORONTO

THURSDAY, NOVEMBER 3, 1977

Chairman: K. J. R. Wightman, M.D.

1:00 p.m.

DR. VICTOR A. McKUSICK, *The Johns Hopkins University School of Medicine, Baltimore, Maryland, U.S.A.*

The Nosology of Genetic Disease: Contributions from studies of heritable disorders of connective tissue, labred groups and the gene map of the human chromosomes.

1:45 p.m.

PROFESSOR SIR CYRIL A. CLARKE, *Nuffield Unit of Medical Genetics, Liverpool, England.*

Prevention of Rh haemolytic Disease; origins of the research and the present position.

FRIDAY, NOVEMBER 4, 1977

Chairman: G. F. Whitmore, M.D.

12:00 noon

PROFESSOR JEAN DAUSSET, *Institut de Recherches sur les Maladies du Sang, Paris, France.*

The HLA complex, basic unit of recognition.

12:45 p.m.

PROFESSOR K. FRANK AUSTEN, *Harvard Medical School, Boston, Massachusetts, U.S.A.*

Structural and Functional Characterization of Chemical Mediators of Acute Immunologic Reactions.

1:30 p.m.

DR. HENRY G. FRIESEN, *The University of Manitoba, Winnipeg, Manitoba, Canada.*

Clinical implication of research on prolactin placental lactogens and their receptors.